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PTO/SB/07 (08-03)
Approved for use through 7/31/2008. OMB 0651-0032
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number _____ Filing Date _____

Applicant(s) *Formal*

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3						
4	1					
5		1				
6	1					
7		5				
8		6				
9		5				
10		5				
11		5				
12		5				
13		1				
14		5				
15		5				
16		5				
17		5				
18	1					
19		1		2		
20		2				
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26		5				
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50						
Total Indep	6					
Total Depend		76				
Total Claims		82				

		Indep		Depend		Indep		Depend		Indep		Depend	
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
51	1	1											
52	2	1											
53													
54	2	1											
55	3		1										
56	6	1											
57	7		5										
58	8		6										
59	9		6										
60	10		5										
61	11		5										
62	12		5										
63	13		1										
64	14		5										
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66			5										
67			5										
68	1												
69			1										
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72			2										
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75			1										
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77			5										
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Total Depend			76										
Total Claims			82										

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